

<b>Case Number:</b>	CM15-0015084		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male, who sustained an industrial injury on 9/5/12. The injured worker has complaints of low back pain that radiates down both legs, more so on the right. The documentation noted that Norco 4 a day had not been sufficient and he has been now without Effexor, zanaflex and Duragesic. The documentation noted that the injured workers urine drug screen had been consistent and he had not been getting any narcotics from any other physician outside the facility. He has tenderness to lumbar paraspinal muscles with active spasm and decreased range of motion in all planes. The diagnoses have included status post lumbar fusion L4-L5-S1, April2014; Prior laminectomy/discectomy at L5-S1; Magnetic Resonance Imaging (MRI) of his lumbar spine 10/9/13, posterior disk protrusion notes at L4-L5, there was a right laminectomy at L5-S1, there was scar tissue all around the right side at L5-S1 but no evidence of recurrent residual disk, again there was a small central disk protrusion at L4-L5. According to the utilization review performed on 1/16/15, the requested Norco 10/325 mg, 150 count has been non-certified and the requested Duragesic patch 25 mcg, ten count has been certified. CA Chronic Pain Medical Treatment Guidelines was used in the utilization review that noted Norco did not support the ongoing usage.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325 mg, 150 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** MTUS Guidelines allow for adjustment of Opioids if there is insufficient pain relief from short acting opioids. The Guidelines also state that with the use of long acting opioids there may be justification to utilize short acting opioids. This individuals mediations are currently being adjusted with Durgesic being added and the Norco slightly diminished. It is unkown how this combination will affect his pain levels and functional status. At this time the use of Hydrocodone is consistent with Guidelines given the recent change in other opioid medication. The Hydrocodone 10/325mg #150 is medically reasonable at this point in time. This can be re-reviewed at a future date once the Opioid dosing stabilizes for a few months.